

TO BE FILLED OUT BY DONOR

NAME OF EMPLOYEE WANTING TO DONATE _____

NAME OF INTENDED RECIPIENT _____

NUMBER OF HOURS I WISH TO DONATE: SICK _____ VACATION _____ PERSONAL HOLIDAY _____

I _____ Empl ID _____ wish to donate
leave in accordance with the college's shared leave regulation. I understand that this is subject to approval.

SIGNATURE OF LEAVE DONOR _____ DATE _____

RETURN COMPLETED FORM TO HUMAN RESOURCES**FOR HUMAN RESOURCES OFFICE USE ONLY**DONOR MEETS ELIGIBILITY CRITERIA YES NORECIPIENT MEETS ELIGIBILITY CRITERIA YES NO

BENEFITS COUNSELOR _____ DATE _____

PRESIDENTIAL DESIGNEE APPROVAL I APPROVE THE ABOVE REQUESTED DONATION. I DO NOT APPROVE THE ABOVE REQUESTED DONATION.

Edmonds College VP of HR _____ DATE _____